

Name
in
Full

Cornelius Arkward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Spring</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death 190	<i>7</i> ^{Month}	<i>1</i> ^{Day}	Age <i>74</i> ^{Years}	<i>5</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>African</i>		Birth place <i>Montgomery Co Md</i>		
Married, Single or Widowed			Occupation <i>Labourer</i>		
Name of Wife or Husband <i>E. Bacon</i>					
Father's Name <i>Elijah Arkward</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Presley Arkward</i>			<input checked="" type="checkbox"/> How related to deceased <i>Brother</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Fibrinous pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Heart failure</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>[Signature]</i>	Signature of Physician <i>Roger Brooke</i>
	Address <i>Sandy Spring</i>
Accident or Suicide?	



Name
in
Full

Hmi Taliaferro Bean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Four Corners		Montg					
Date of death	1907	Month	Jan.	Day	5	Years	2
Sex	Male	Color or Race	White	Months	8	Days	0
Occupation	None	Birth-place	Md.	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Geo. Bean	Father's Birthplace	Md.				
Mother's Maiden Name	Jane Hamilton	Mother's Birthplace	Md.				
Name of person giving information	Geo. Bean	How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lipthemia	How long	3 days
Immediate	Asphyxia	How long	12 hoo.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	H. Brown
		Address	Silver Spring Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

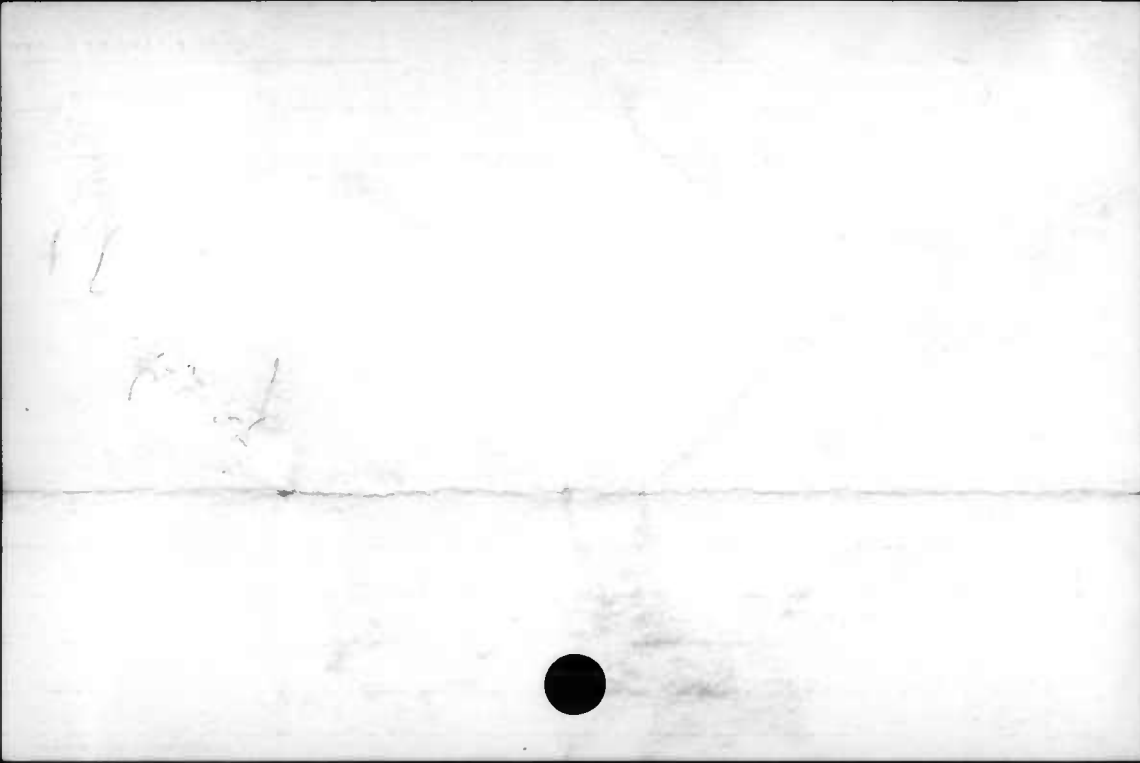
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spencerville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	1907	Month	Jan	Day	7
Age	43	Years	11	Months	
Sex	Female	Color or Race	Black	Birth-place	Unknown
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <i>Geo. Bowen</i>		
Father's Name	<i>James Boston</i>		Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name	<i>Joanner Dorsey</i>		Mother's Birthplace <i>Montgomery Co Md</i>		
Name of person giving Information	<i>Geo. Bowen</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>3 days</i>
Immediate	<i>Heart failure</i>	How long	<i>...</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. R. Batton</i>	
<i>Yes</i>		Address <i>Spencerville</i>	
Accident or Suicide			



Name
in
Full

Geo. Fairhurst Bowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Barnsville^{County} Montgomery

MARYLAND

Date of death 1907 Jan

Day 9

Age 88

Months

Days

Sex male

Color or Race

white

Birth-place

London Lee Va

Occupation Physician

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Laura J Bowler

Father's Name

—

Father's Birthplace

Mother's Maiden Name

—

Mother's Birthplace

Name of person giving information

Laura J Bowler

How related to deceased

Wife

CAUSES OF DEATH

Primary

Grip & Bronchitis

How long

10 months

Immediate

Debility of old age

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

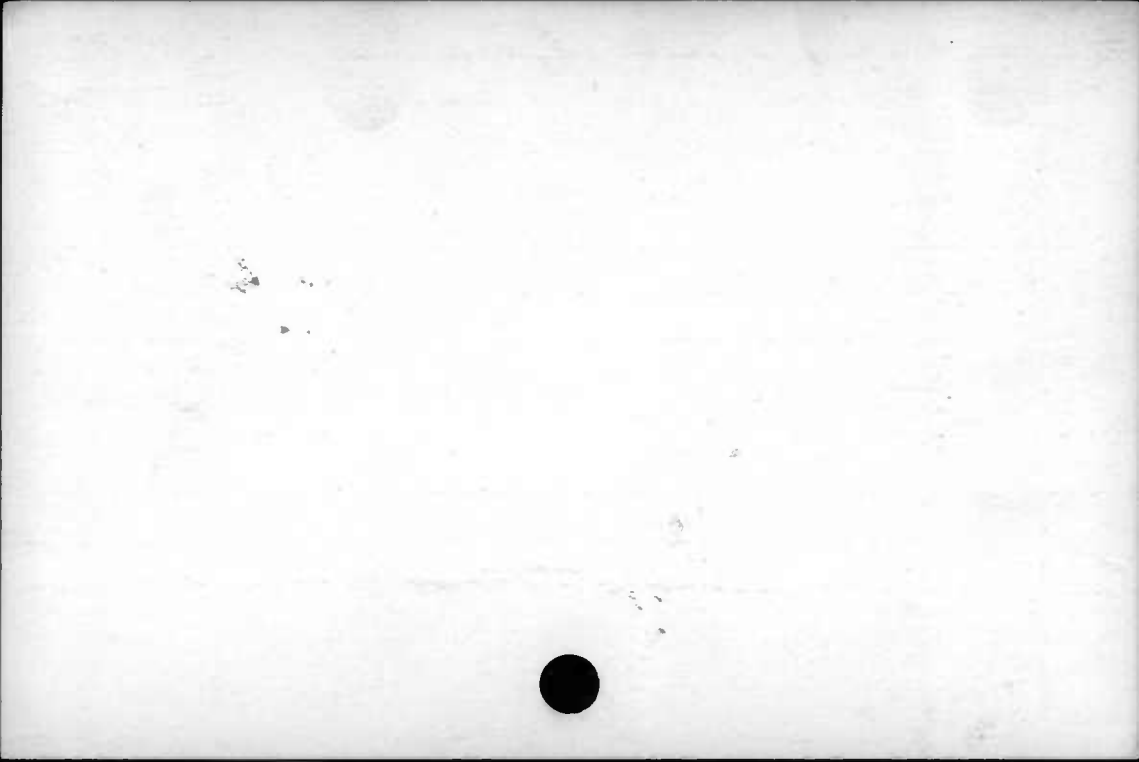
Signature of Physician

J. H. Stonebrink

Address

Barnsville Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		July	29	35	11	9	
Sex	Male	Color or Race	American		Birth-place	Md	
Occupation	Housewife		Where Residing if not at place of death		Same		
Married, Single or Widowed	Married		Name of Wife or Husband		Thos Brady		
Father's Name	John Hutchinson				Father's Birthplace	Md.	
Mother's Maiden Name	Jane Fleming				Mother's Birthplace	Md.	
Name of person giving information	Thomas Brady				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of the lungs		How long	30 years
Immediate	Tuberculosis of the lungs		How long	30 years
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
		No	Address	
			Beverly Jones,	
			Kearney Co. Md.	
Accident or Suicide?		No		



Name
in
Full

Still Born

Briggs

CERTIFICATE OF DEATH

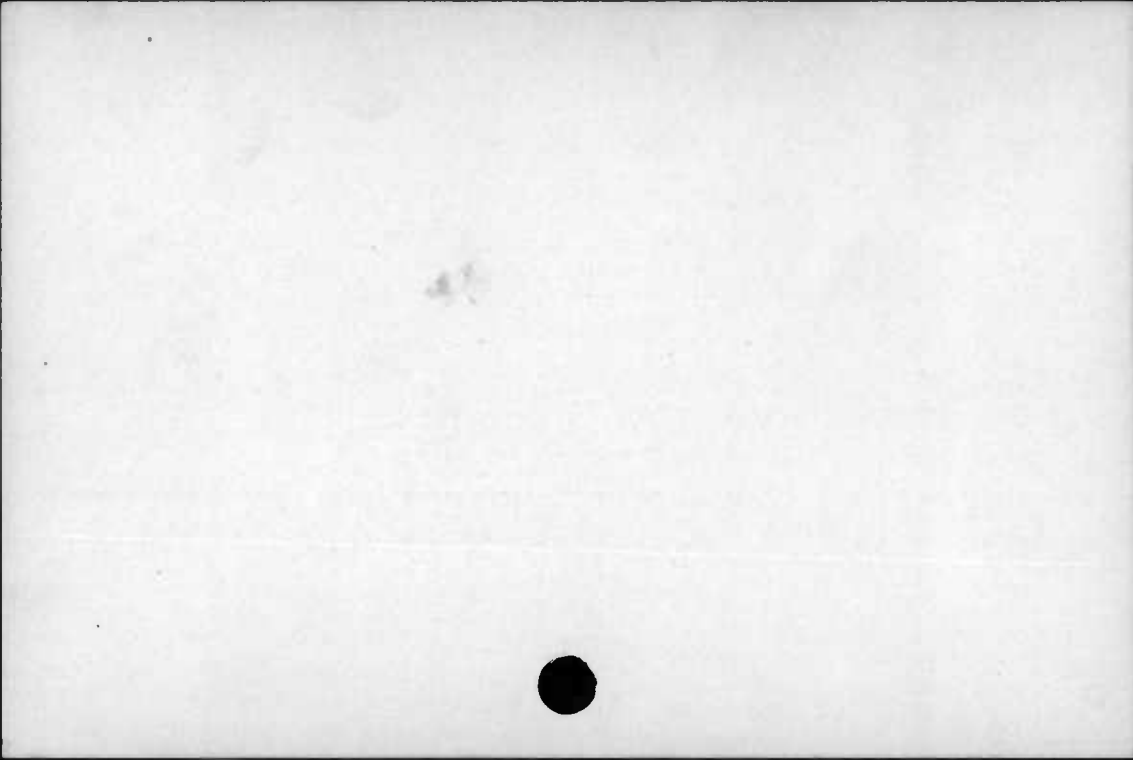
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Gaithersburg</i>		Town <i>near Gaithersburg</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1907	Month	Jan	Day	24	Years	0
Sex	Female		Color or Race	White		Months	0
Occupation			Birth place	near Gaithersburg			
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Frederick T Briggs		Father's Birthplace	
Mother's Maiden Name				Nettie Mills		Mother's Birthplace	
Name of person giving information				Frederick T. Briggs		How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	
Immediate	" "	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. C. Etchison	
Address		Gaithersburg	
Accident or Suicide?		No	



Name
in
Full

Waukeech, E. Broaduek

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Redview</i>		County <i>Waukeech</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>30</i>	Age <i>33</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Ind</i>		
Occupation <i>Latimer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Arthur Broaduek</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Arthur Broaduek</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Years</i>
Immediate <i>Wound</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. M. Smith</i>
	Address <i>Redview Ind</i>
Accident or Suicide?	



Name
in
Full

William Holly Broome

CERTIFICATE OF DEATH

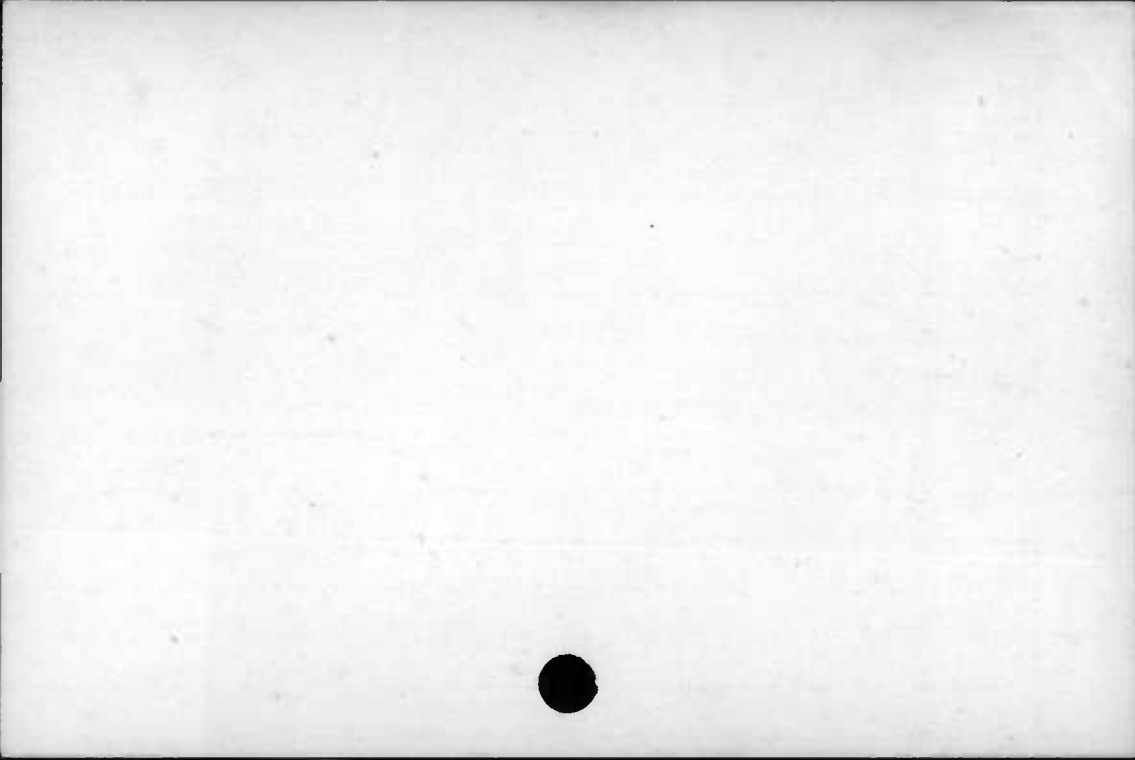
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Larnestown</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>7th</i>	Age <i>26</i>	Years	Months <i>---</i>	Days <i>---</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Seneca</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>---</i>					
Father's Name <i>W. H. Broome</i>				Father's Birthplace <i>Mont. Co</i>			
Mother's Maiden Name <i>Ellen Purdum</i>				Mother's Birthplace <i>Mont. Co.</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grip</i>	<i>10</i>	How long <i>two weeks</i>
Immediate <i>Septicemia</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Lehas H. Nourse M.D.</i>
Accident or Suicide?		Address <i>Larnestown</i>



Name
in
Full

Mary J. Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Somerset</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	1907	Month	1	Day	17
Age	63	Years	3	Months	3
Sex	<i>white</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>House wife</i>		Where Residing If not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Major J. F. Carter</i>		
Father's Name	<i>Thomas Latchford</i>		Father's Birthplace	<i>ind</i>	
Mother's Maiden Name			Mother's Birthplace	<i>ind</i>	
Name of person giving information	<i>Howard O. Carter</i>		How related to deceased	<i>son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>18 mos.</i>
Immediate	<i>La Grippe</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John L. Lewis M.D.</i>
		Address	<i>Bethesda, Md.</i>
Accident or Suicide?	<input checked="" type="checkbox"/>		

0/70/10/16

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Washington</u> ^{Town} <u>Montg</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Jan</u> ^{Month} <u>24</u> ^{Day}	Age <u>78</u> ^{Years}	<u> </u> ^{Months} <u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Ind</u>	
Occupation <u>House Keeper</u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>William Chambers</u>		
Father's Name <u>Alfred Davis</u>	Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u> </u>		
Name of person giving information <u>Edward Chambers</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Exhaustion</u>	How long <u>2 day</u>
Immediate <u>Exhaustion</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. H. Etchison</u>
	Address <u>Gaithersburg</u>
	<u>Ind</u>
Accident or Suicide? <u> </u>	



Name

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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disney
 Died at *Steel beam* Town *Rockville*

Kennedy
 County

MARYLAND

Date
 of death 1907

Month

1

Day

10

Age

Years

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Ind*

Occupation

*X*Where Residing if not
at place of death*X*Married, Single
or Widowed*X*Name of Wife or
Husband*X*Father's
Name*Wm H. Disney*Father's
Birthplace*Ind*Mother's
Maiden Name*Dora Wolfington*Mother's
Birthplace*Ind*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Steel beam

How long

Immediate

How long

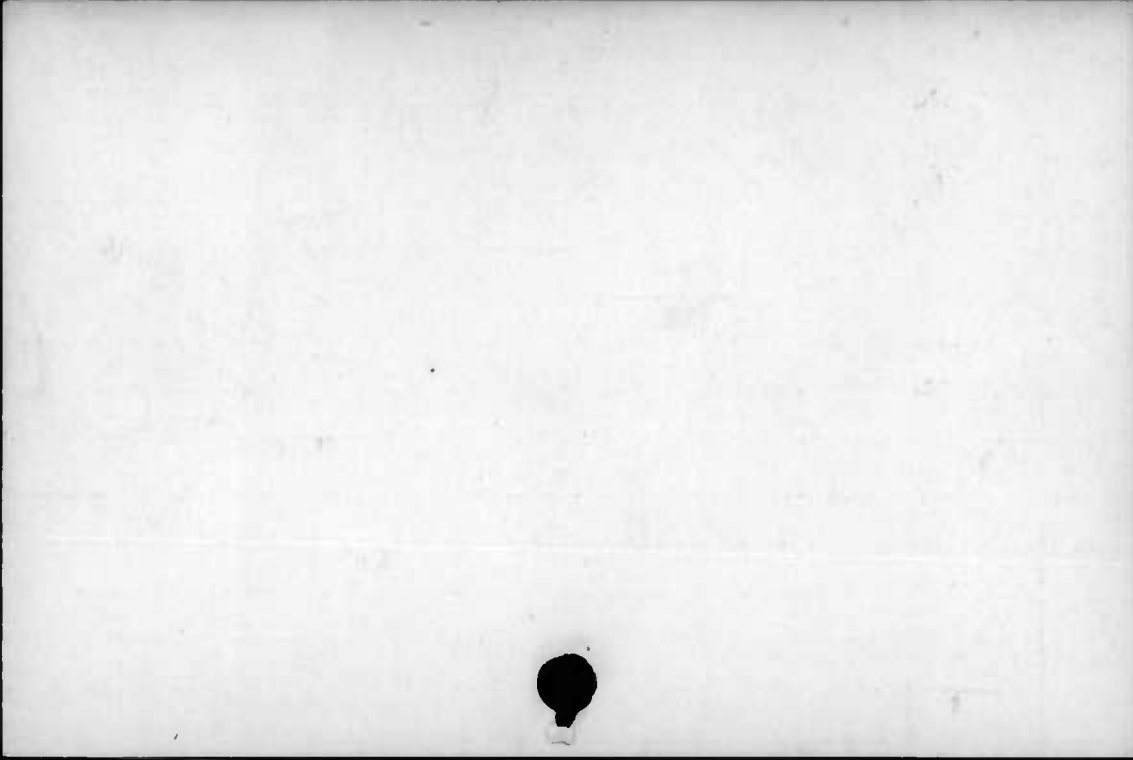
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*D. M. Linthicum*

Address

Rockville

Accident or Suicide?

Ind



Name
in
Full

Rose H. Dorsey Jr.

CERTIFICATE OF DEATH

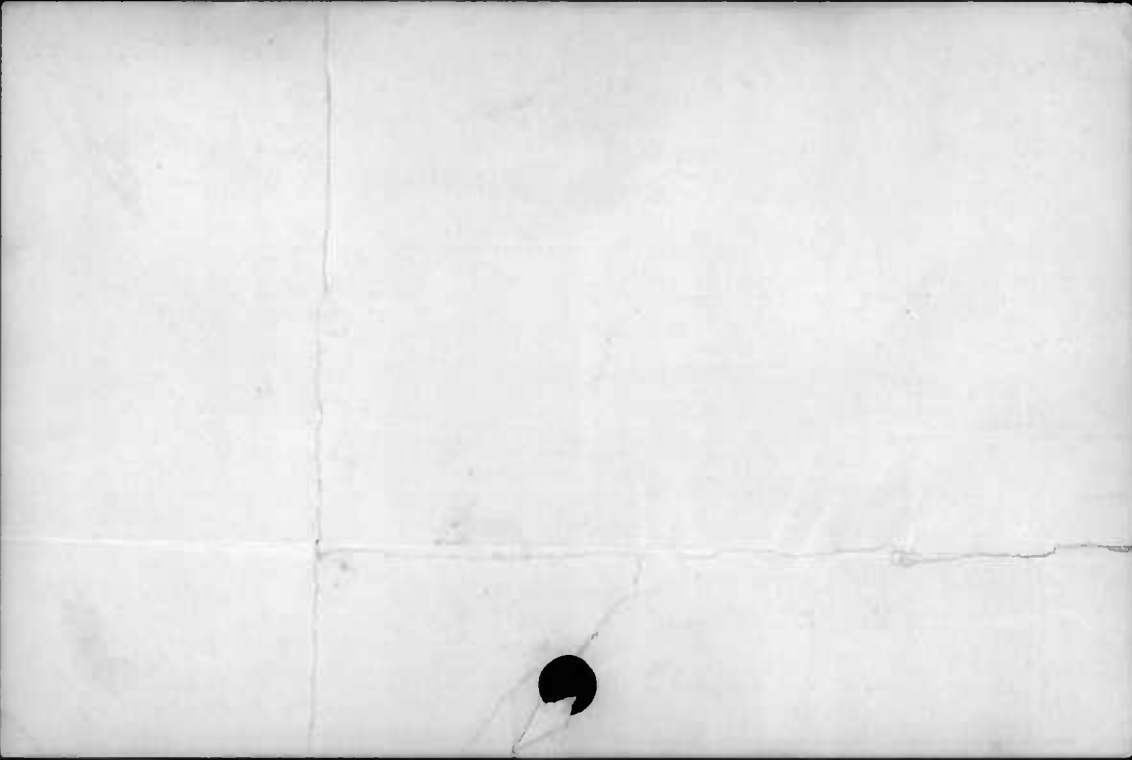
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Gaithersburg		County		Montgomery		MARYLAND	
Date of death	1907	Month	July	Day	24	Age	—	Years	—
Sex	male	Color or Race	Colored	Birth-place	Gaithersburg Md				
Occupation	—			Where Residing if not at place of death					
Married, Single or Widowed	Single			Name of Wife or Husband					
Father's Name	Rosa H. Dorsey						Father's Birthplace	Washington DC	
Mother's Maiden Name	Martha M. Puck						Mother's Birthplace	Md.	
Name of person giving information	Amy Puck						How related to deceased	Grandmother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unilateral Hemorrhage	How long	—
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. B. Haroldoff.
		Address	Gaithersburg.
			Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

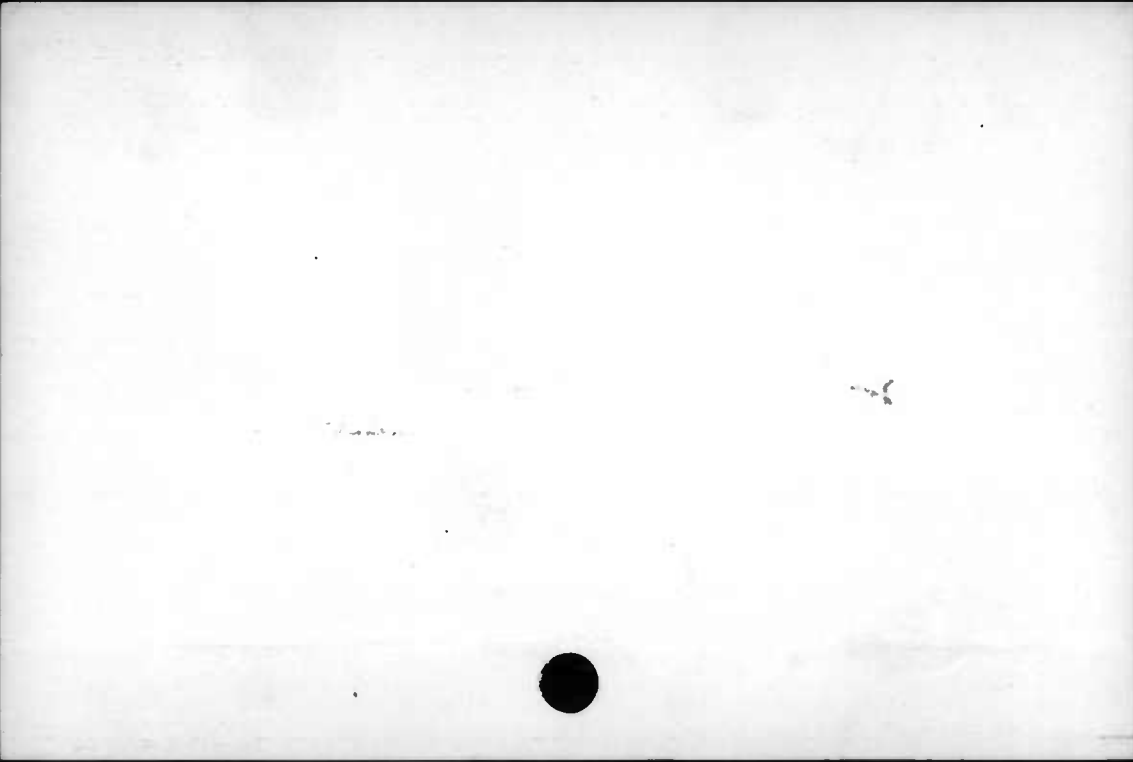
MARYLAND

Name in Full <i>Alice Buvall</i>		Town <i>Fairland montg</i>		County			
Died at		Month <i>Jan</i>		Day <i>29</i>		Years <i>54</i>	
Date of death		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pg. Md</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Richard Buvall</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Mary French</i>		Mother's Birthplace <i>Pg. Md</i>					
Name of person giving information <i>Elmer Buvall</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute indigestion</i>	How long <i>10 1/2 hour</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Batson</i>
	Address <i>Spencerville Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

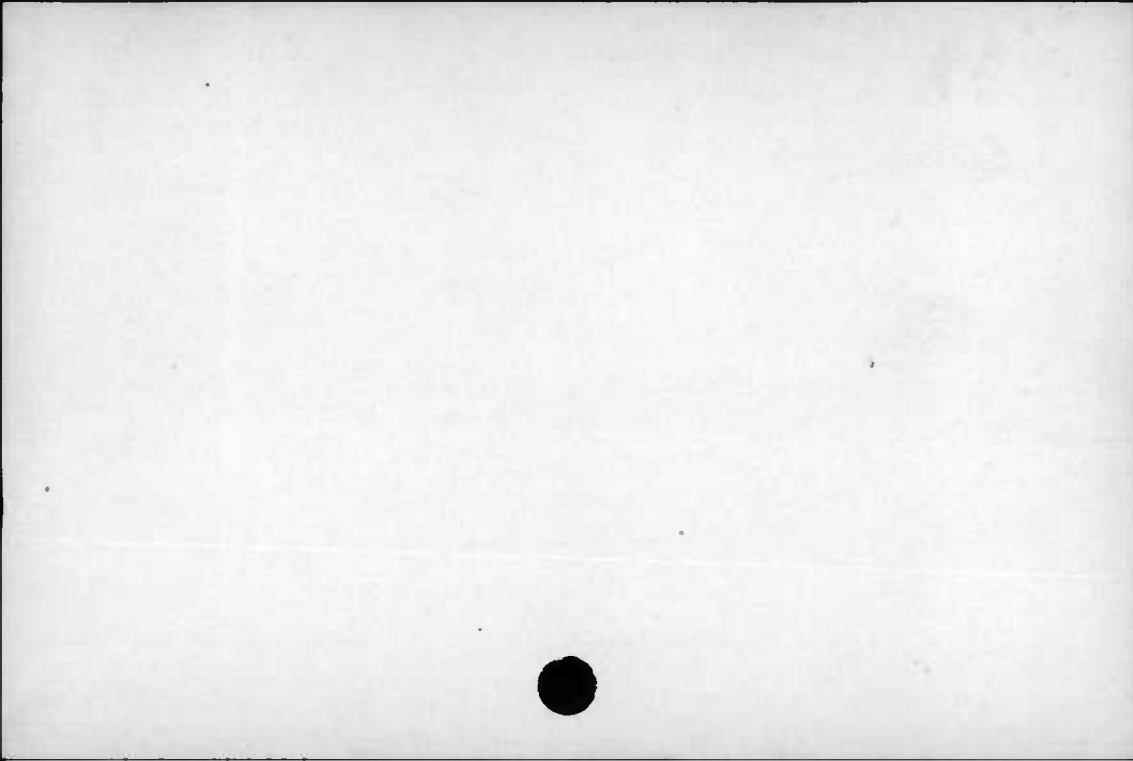
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beallsville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1907 January 31</i>		Age <i>31</i> Years		Months	Days
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Beallsville</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Thomas D Ford</i>		Father's Birthplace <i>Beallsville</i>			
Mother's Maiden Name <i>Ophie L Scholze</i>		Mother's Birthplace <i>Atlanta, Ga</i>			
Name of person giving information <i>Thomas D Ford</i>		How related to deceased <i>parent</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still-born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Thott sub-reg</i>
	Address <i>Bolesville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Laytonville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>3</i>	Age <i>42</i>	Years <i>11</i>	Months <i>9</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Montgomery Co</i>				
Occupation <i>No special occupation lived with her brother</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Uriah H Griffith</i>	Father's Birthplace <i>Montgomery Co</i>						
Mother's Maiden Name <i>Hannetta E Wilcason</i>	Mother's Birthplace <i>Montgomery Co</i>						
Name of person giving In formation <i>Henry H Griffith</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Pericarditis</i>	How long <i>about 4 weeks</i>
Immediate <i>Uræmia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V H Dyeon M.D.</i>
	Address <i>Laytonville Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

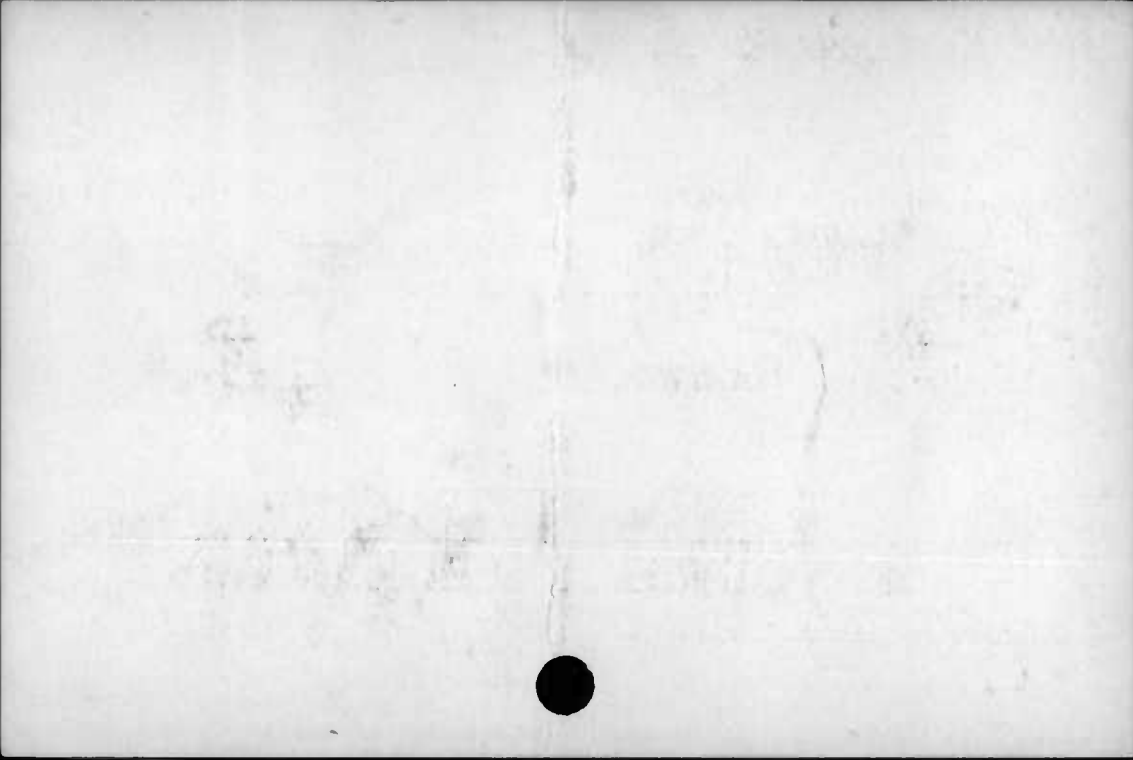
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Clarksburg Md.</i>		Town <i>Clarksburg</i>		County <i>Monrovia</i>		MAYLAND	
Date of death	1907	Month	Jan.	Day	26	Years	68
Sex	Female	Color or Race	White	Birth-place	Md-		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Widow Husband	John Grimes		
Father's Name	Samuel Snowdon			Father's Birthplace	Md-		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	Thomas Grimes			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Endocarditis</i>	How long	<i>19</i>
Immediate		How long	<i>19</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

A. S. Harris

CERTIFICATE OF DEATH

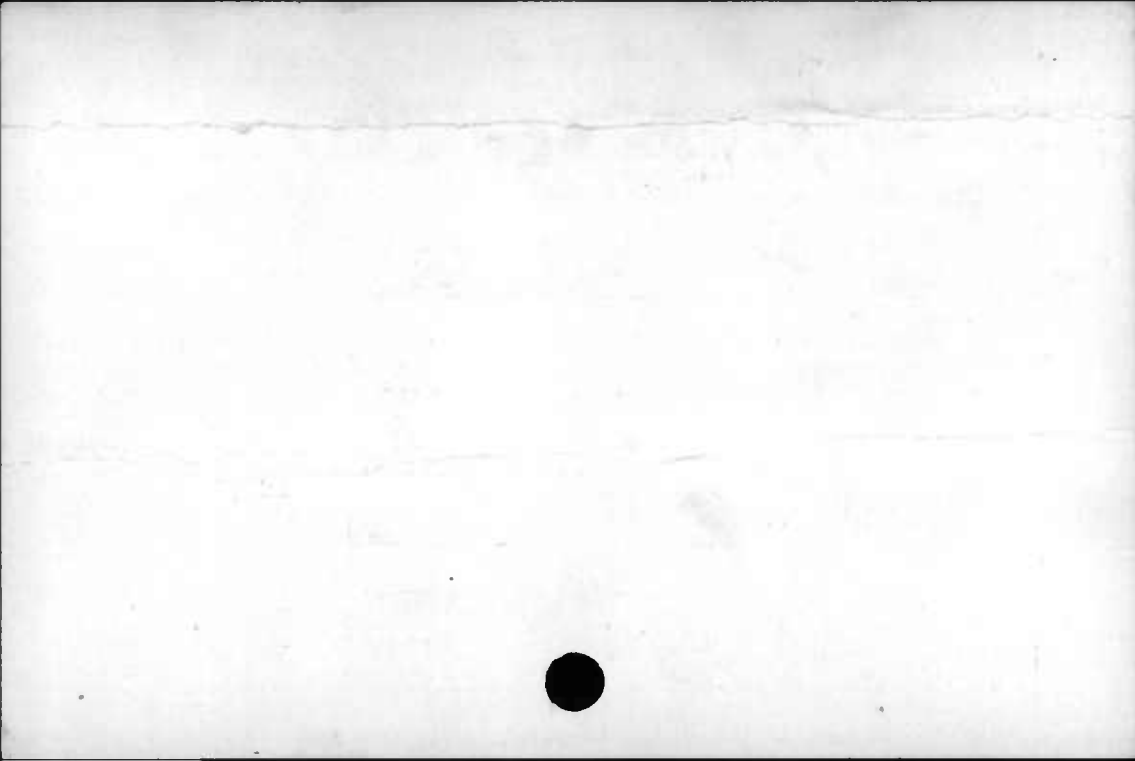
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>MT Christian</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>31</i>	Age <i>72</i>	Years <i>10</i>	Months <i>10</i>
Sex <i>male</i>	Color or Race <i>Caucasian</i>		Birthplace <i>Mont Co Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Mary B. Harris nee Taylor</i>			
Father's Name <i>Edwin Harris</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Wm Taylor</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>12 months</i>
Immediate <i>Acute Bronchitis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. M. Bentley</i>
	Address <i>Adamstown Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Robert Hebrons Jr. Hebrons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sugar Land</u> <small>Town</small>		<u>Trinity</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>19</u> <small>Day</small>	<u>1</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>Negro</u>	Birth-place	<u> </u>
Occupation	<u> </u> <small>Where Resulting if not at place of death</small>				
Married, Single or Widowed	<u> </u>	Name of Wife or Husband	<u> </u>		
Father's Name	<u>Robert Hebrons</u>			Father's Birthplace	<u>Trinity Co. Md</u>
Mother's Maiden Name	<u>Salena Johnson</u>			Mother's Birthplace	<u>" " "</u>
Name of person giving information	<u>Physician</u>			How related to deceased	<u> </u>

CAUSES OF DEATH

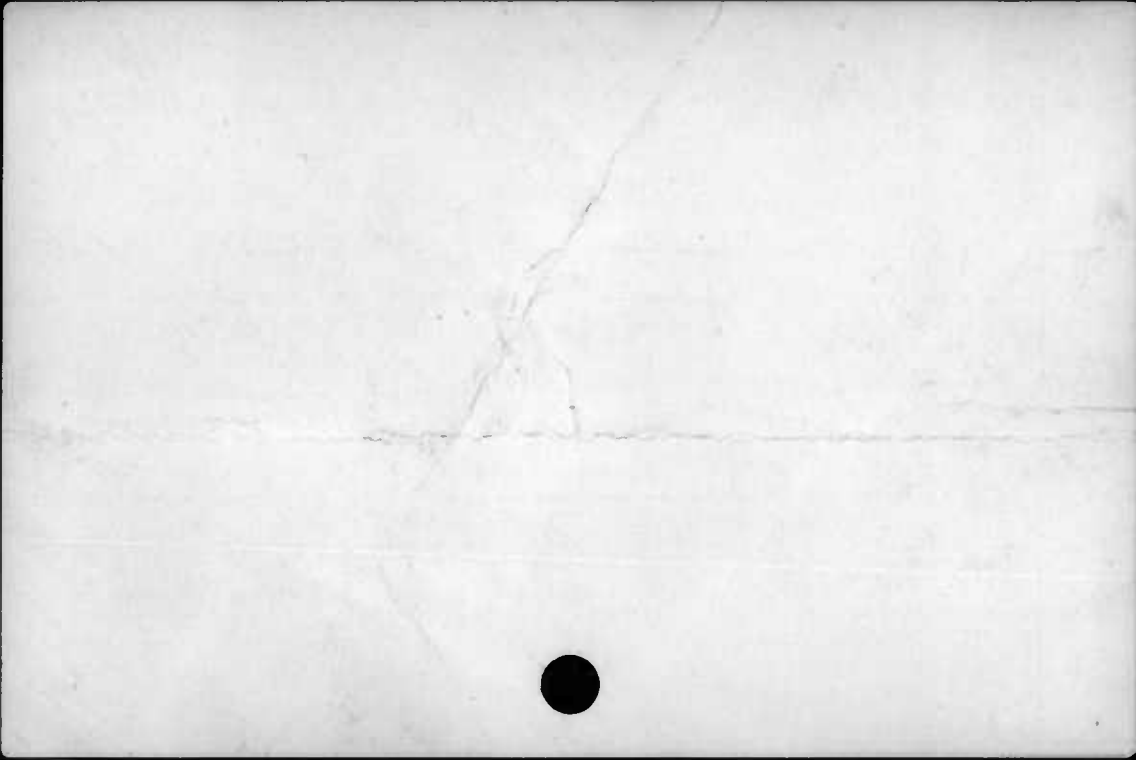
PHYSICIAN
OR CORONER

Primary	<u>Tubercular Pleurisy</u>	How long	<u>3 weeks</u>
Immediate	<u>Aspiration</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>H. D. Nourse M.D.</u>	
<u> </u>		Address	
<u> </u>		<u>Danville Md</u>	
Accident or Suicide?			

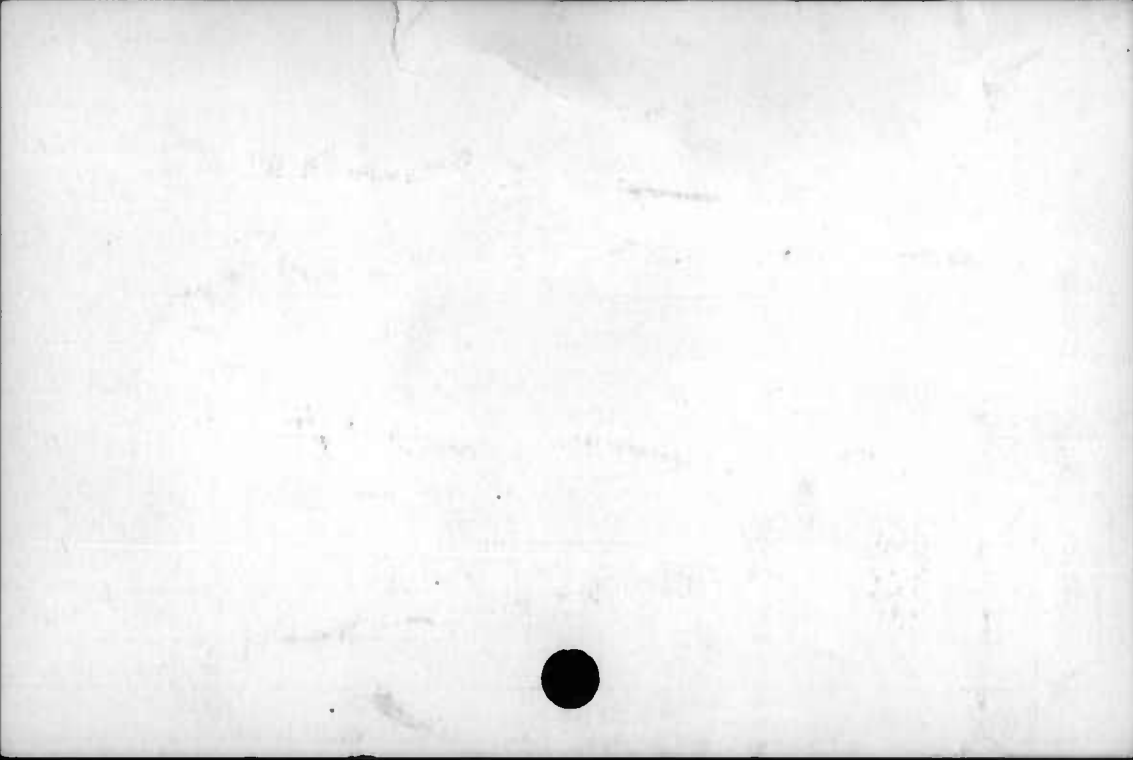
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Name in Full Aaron Bucher Herspuger		CERTIFICATE OF DEATH	
Died at 12:20 A.M. Poolsville		County Montgomery	State MARYLAND
Date of death 1907 January Wednesday	Month 1	Day 3rd	Years 10
Sex Male	Color or Race White	Birth-place Broadrum Md.	Months 9
Occupation Farmer	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Heater Ann Herspuger		
Father's Name William Henry Herspuger	Father's Birthplace Broadrum		
Mother's Maiden Name Julia Scott	Mother's Birthplace Broadrum		
Name of person giving information Julia Herspuger	How related to deceased Daughter		
CAUSES OF DEATH			
Primary Mitral disease of heart	How long one year		
Immediate Exhaustion	How long		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. H. Sturtevant	Address Poolsville Md.	
Accident or Suicide?			



Name in Full		August Grace				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tomb		County		MARYLAND		
	Date of death	1907	Month 1 st	Day 2 nd	Age 73	Months 6	Days	
	Sex	Male		Color or Race	White		Birth-place	
	Occupation	None		Where Residing if not at place of death		Sage		
	Married, Single or Widowed	Married		Name of Wife or Husband		Barbara Scheer		
	Father's Name	Unknown		Father's Birthplace		Germany		
	Mother's Maiden Name	Unknown		Mother's Birthplace		Germany		
Name of person giving information	Kate Israel				How related to deceased		daughter	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Organic disease of heart				How long		Three years
	Immediate	Organic dis. of heart and kidneys				How long		Three years
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician		Engel Jones M.D.
	Address	Newington Md.						
	Accident or Suicide?	No						



Name
in
Full

Charles H Jamison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Leansdale TownCounty Montgomery

MARYLAND

Date of death 1907 Jan

Day 12

Age 3 Years

Months 6

Days

Sex MaleColor or Race WhiteBirthplace Montg. Co

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name E. A JamisonFather's Birthplace Md.Mother's Maiden Name Eliza PurdumMother's Birthplace Md.Name of person giving information E. A JamisonHow related to deceased Father

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary

Bronchial Catarrh & Capillary Bronchitis

How long

36 hrs.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

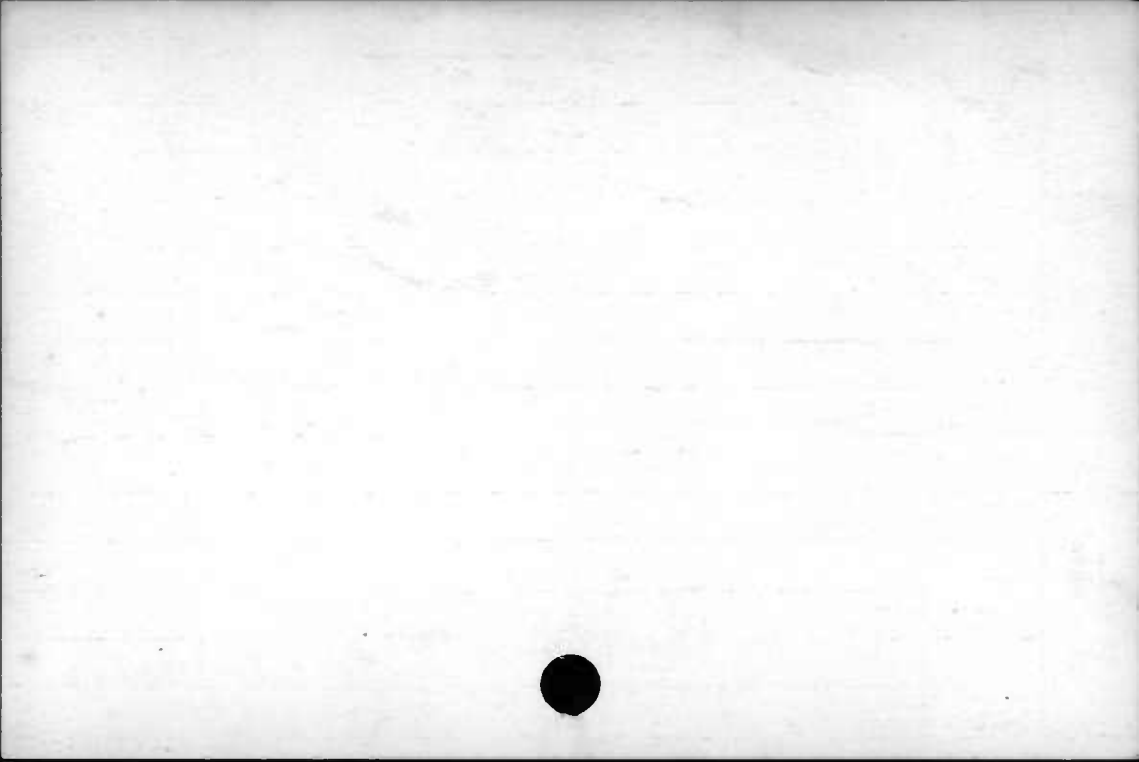
Yes

Signature of Physician

Address

V. C. Fout M.D.
Keaplow Md.

Accident or Suicide?



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death		Month	Day	Years	Months	Days	
		Sex	Color or Race		Birth-place				
		Occupation	Where Residing if not at place of death						
		Married, Single or Widowed	Name of Wife or Husband						
TO BE ANSWERED BY PHYSICIAN OR CORONER		Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
		Name of person giving information		How related to deceased					
		CAUSES OF DEATH							
TO BE ANSWERED BY PHYSICIAN OR CORONER		Primary		How long					
		Immediate		How long					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			

Name in Full: *Miss Sarah N. Johnson*
 Town: *Berrmantown* County: *Montg*
 Date of death: *1907* Month: *1* Day: *5* Years: *74* Months: *—* Days: *—*
 Sex: *Female* Color or Race: *White* Birth-place: *Berrmantown*
 Occupation: *Housewife* Where Residing if not at place of death: *NEAR Berrmantown*
 Married, Single or Widowed: *Widowed* Name of Wife or Husband: *Benjamin Johnson*
 Father's Name: *Leith* Mother's Maiden Name: *Bennett* Father's Birthplace: *N. C.* Mother's Birthplace: *Id.*
 Name of person giving information: *Blue R. Thompson* How related to deceased: *Son-in-law*
 Primary Cause of Death: *Pneumonia* How long: *7 days*
 Immediate Cause of Death: *Exhaustion* How long: *3 days*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician: *E. C. Etchison*
 Address: *Baithersburg,*



Name
in
Full

CERTIFICATE OF DEATH

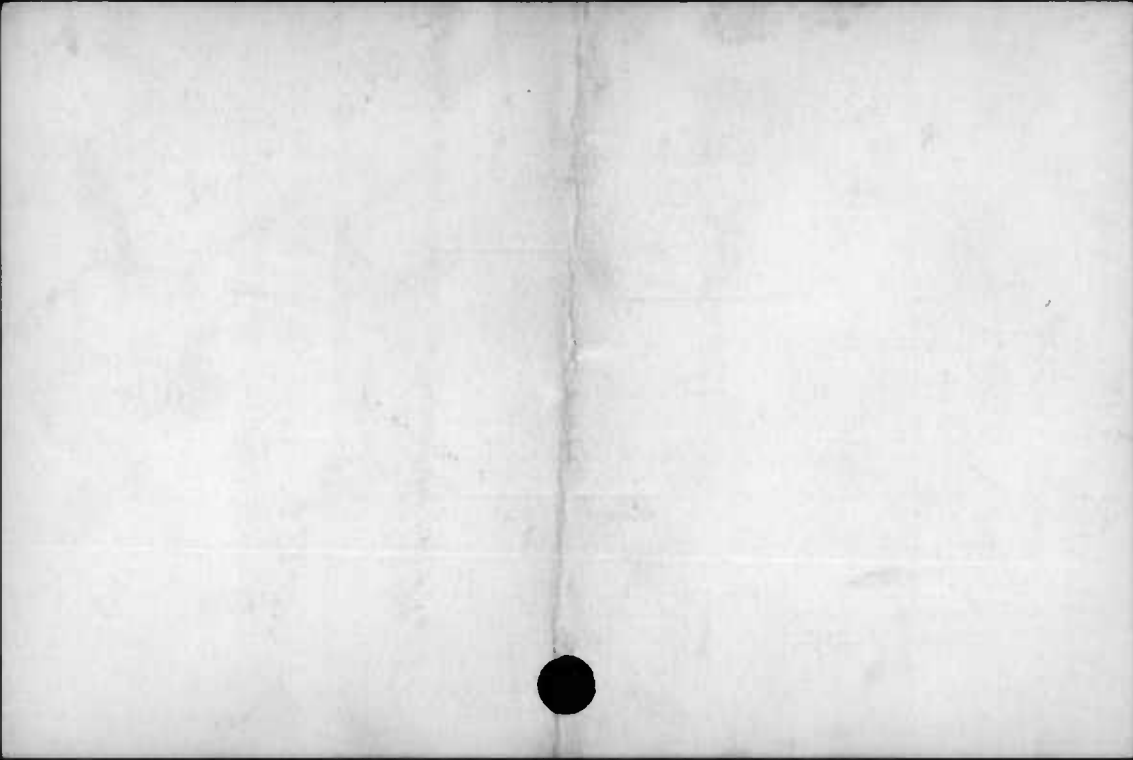
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dean Deewood</i> Town <i>Dean Deewood</i> County <i>Manly</i>		MARYLAND			
Date of death <i>1907</i>	Month <i>1</i>	Day <i>11</i>	Age <i>X</i>	Months <i>3</i>	Days <i>X</i>
Sex <i>Female</i>	Color or Race <i>Caucasoid</i>	Birth-place <i>Ind</i>			
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Herbert Jones</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Lizzie Jones</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Herbert Jones</i>	How related to deceased <i>Frach</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberc Pneumonia</i>	How long <i>2 or 3 d</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A M Smith</i>
<i>2</i>	Address <i>Rockwell Ind</i>
Accident or Suicide?	



Name in Full <i>Sylvester Jones</i>		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Bear</i> Town		County <i>Montgomery</i>		MARYLAND	
	Date of death 190 <i>7</i>		Month <i>1</i>	Day <i>23</i>	Age <i>75</i> Years	Months <i>-</i> Days <i>-</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
	Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
	Name of Wife or Husband <i>Carrie Jones</i>					
	Father's Name <i>John Jones</i>				Father's Birthplace <i>Maryland</i>	
	Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>	
	Name of person giving information <i>Margaret Jones</i>				How related to deceased <i>Niece</i>	
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Tuberculosis</i>		How long <i>Two years</i>			
	Immediate <i>Acute Indigestion</i>		How long <i>Ten minutes</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>			
	Accident or Suicide? <i>No</i>		Address <i>Boonville, Md.</i>			



Name in Full		Pearl Jordan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Silver Spring		Montg		MARYLAND
	Date of death		1907 Jan 8		Age 19		
	Sex		Female		Color or Race		White
	Occupation		None		Birth-place		Va.
	Where Residing if not at place of death						
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Wm Hare Jordan		Father's Birthplace		Va.
Mother's Maiden Name		Alice Rebecca Lerose		Mother's Birthplace			
Name of person giving information		Wm Hare Jordan		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis		How long		10 mos.
	Immediate		Asphyxia		How long		Several days
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		H. V. Brown
	Accident or Suicide?				Address		



Name
in
Full

CERTIFICATE OF DEATH

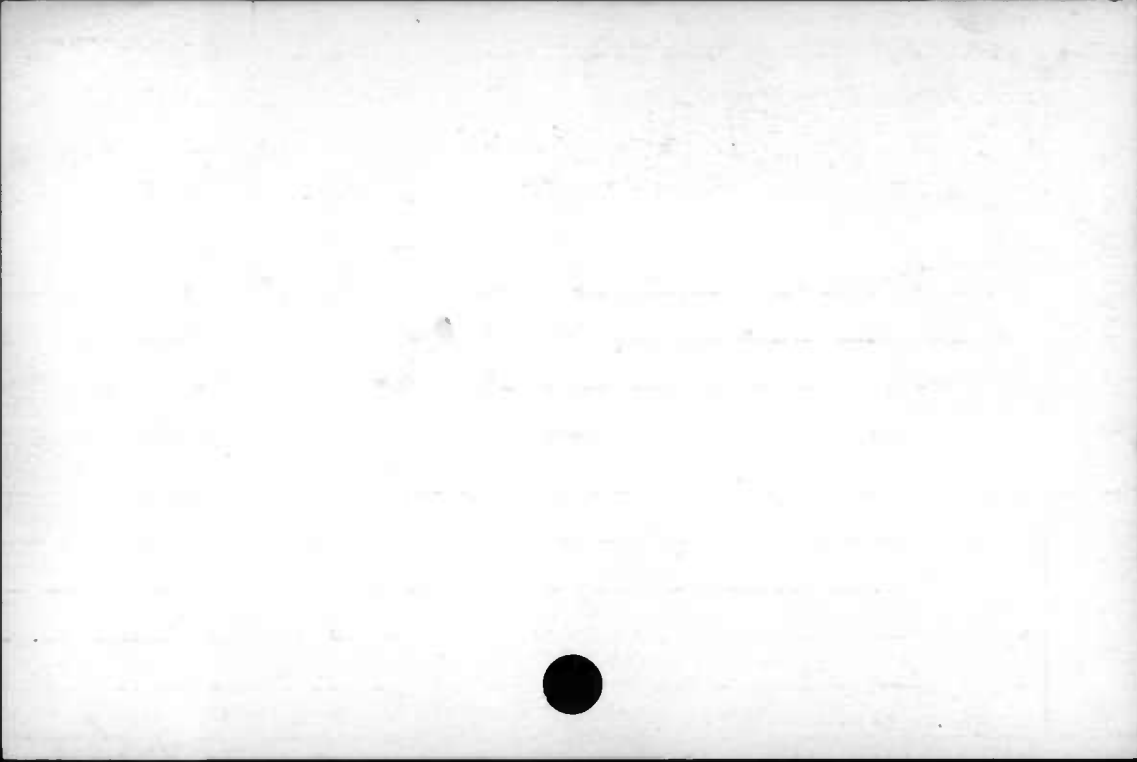
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clagellville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>14</i>	Age <i>69</i>	Years <i>3</i>	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Palover</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret E Keith</i>						
Father's Name <i>Jas. Caleb Keith</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>Margaret E Keith</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>
Immediate <i>Exhaustion</i>	How long <i>27 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Stout M.D.</i>
	Address <i>Amplour Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

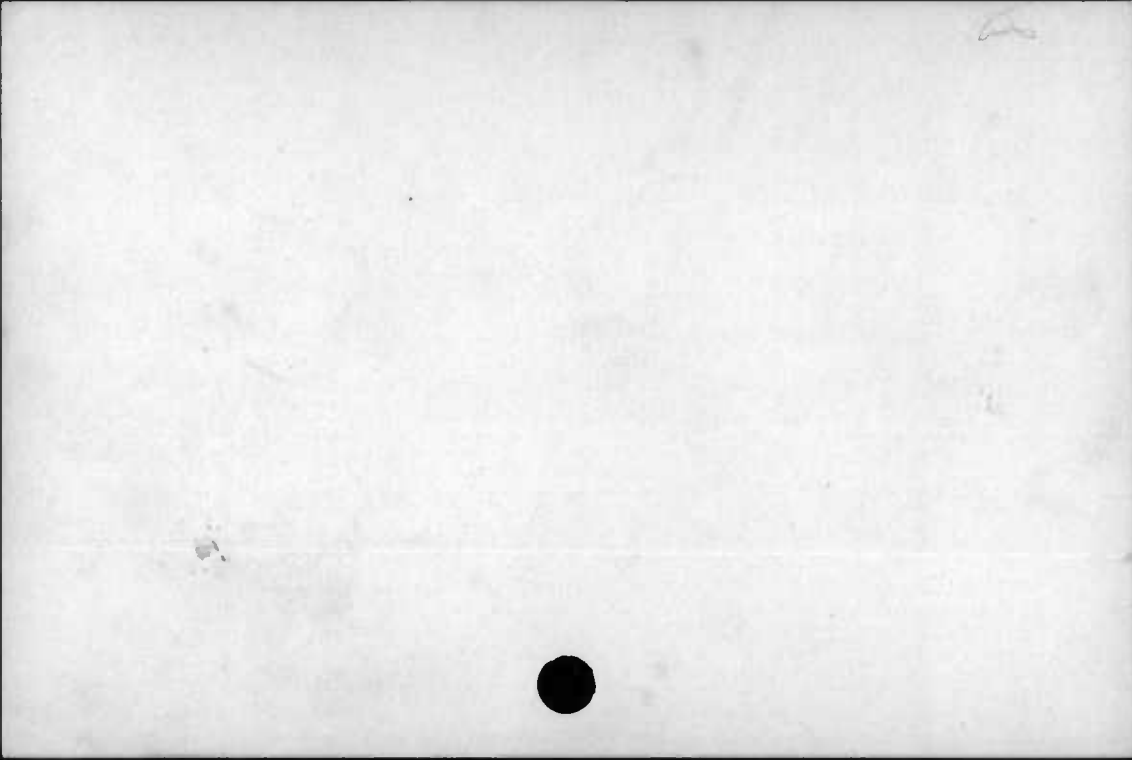
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>1</i>		Day <i>4</i>		Years <i>30</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>1</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death		Days <i>26</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William W Kinder</i>					
Father's Name <i>Wesley Thompson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary Beavers</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>W. W. Kinder</i>		How related to deceased <i>Susannah</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>Don't know</i>
Immediate <i>Convulsions Coma &c.</i>	How long <i>14 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Haddox</i>
	Address <i>Gaithersburg, Maryland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hensington</i> ^{Town} <i>Montg</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Jan.</i> ^{Day} <i>10</i> ^{Years} <i>23</i>	Months <i>8</i> Days <i>13</i>		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>W. J. Mobley Deceased.</i>		
Father's Name <i>Zachariah Lowe</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Jane Heuley</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>J Lowe</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>1 year</i>
Immediate <i>Acute bronchitis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Eugene Jones</i>
	Address <i>Hensington</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full


CERTIFICATE OF DEATH

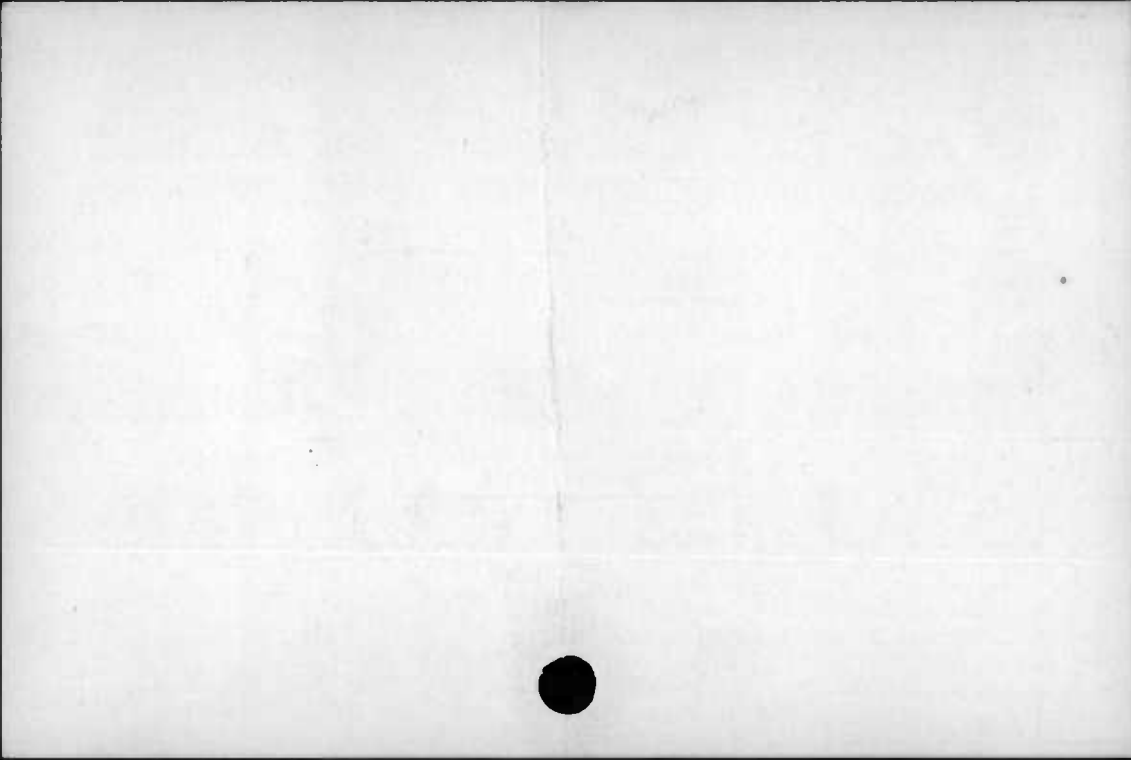
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	1907	Month	1	Day	26
Age	Years		Months	Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>X</i>		Where Residing If not at place of death	<i>X</i>	
Married, Single or Widowed	<i>X</i>		Name of Wife or Husband	<i>X</i>	
Father's Name	<i>Norace W. Riedell</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Flannery S. Riedell</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Norace Riedell</i>			How related to deceased	<i>Brother</i>

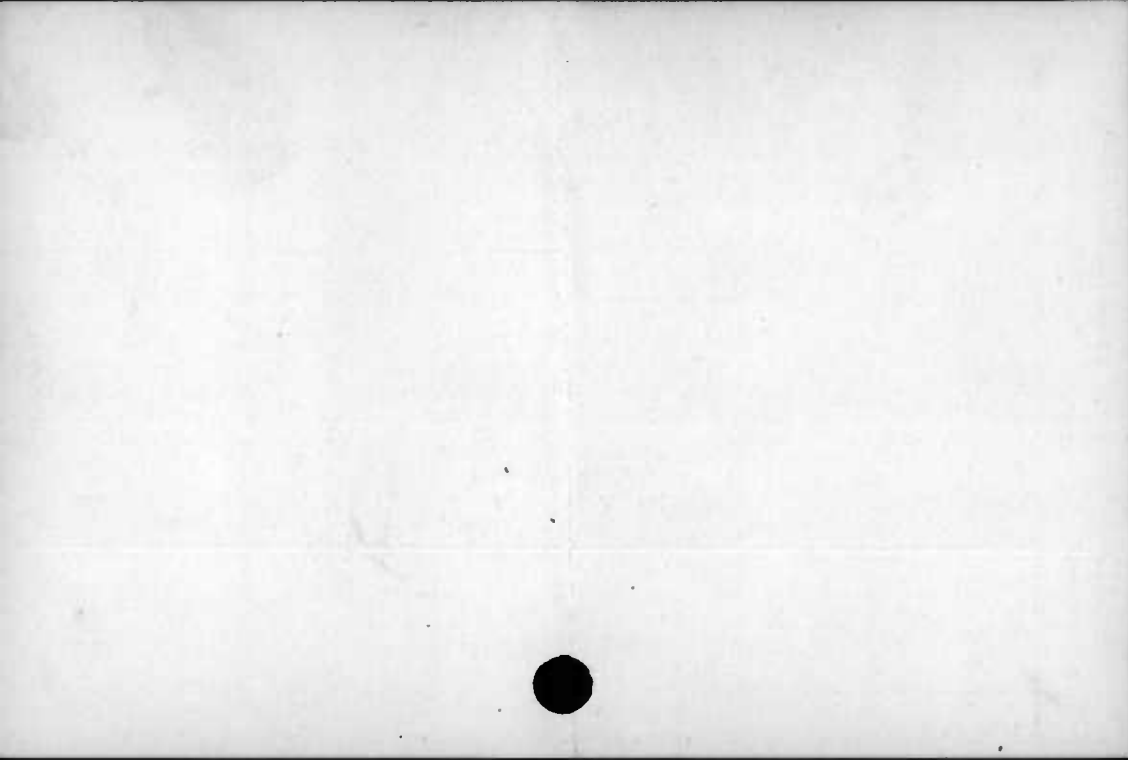
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marital</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>D. M. Riedell</i>
		Address	<i>Rockville Ind</i>
Accident or Suicide?			



Name in Full		Marie, Reggs				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND					
		Date of death		Month		Day		Age		Months		Days	
		Sex		Color or Race		Birth-place							
		Occupation				Where Residing if not at place of death							
		Married, Single or Widowed				Name of Wife or Husband							
		Father's Name				Father's Birthplace							
		Mother's Maiden Name				Mother's Birthplace							
		Name of person giving information				How related to deceased							
PHYSICIAN OR CORONER		CAUSES OF DEATH											
		Primary						How long					
		Immediate						How long					
		Are the name, age, sex, color, date and place correctly given above?						Signature of Physician					
								Address					
		Accident or Suicide?											



Name
in
Full

William Selby

CERTIFICATE OF DEATH

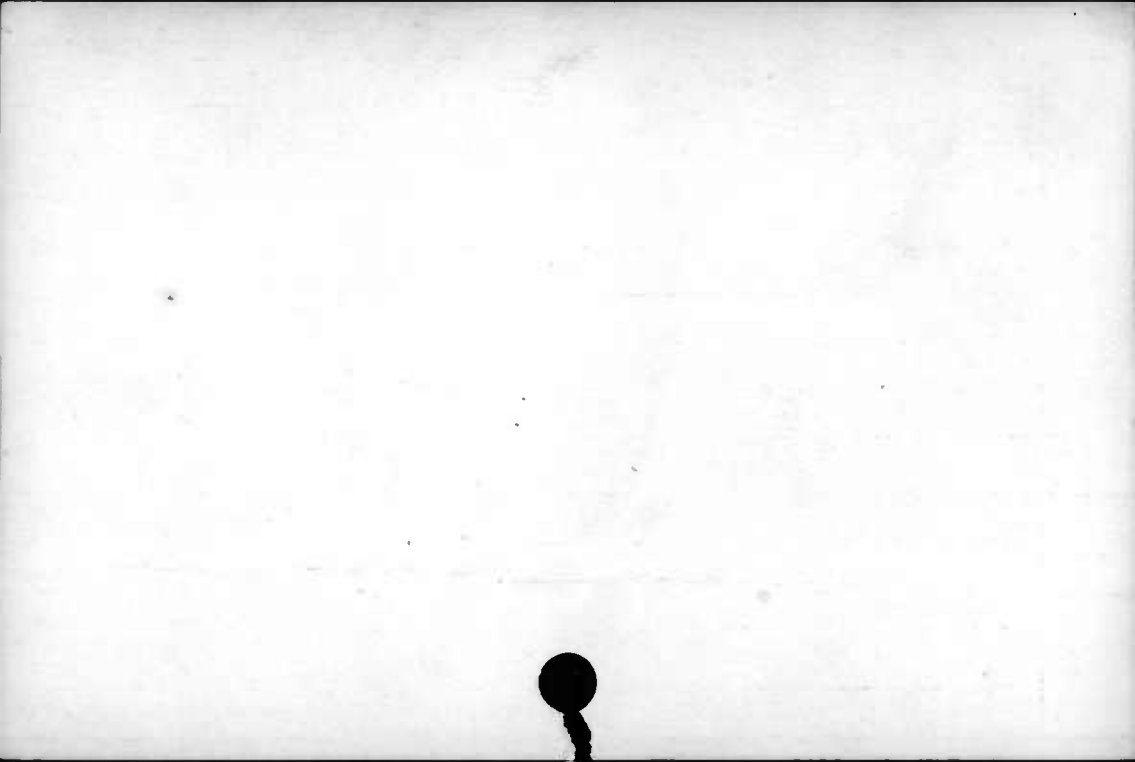
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Weehawken		County Hudson		MARYLAND	
Date of death	1907	Month Jan	Day 10	Age 58	Years	Months	Days
Sex	Male		Color or Race	white		Birth- place	Park Mills Md
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Selby			
Father's Name	Charles Selby				Father's Birthplace	Frederick Co	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving In formation	Mary Selby				How related to deceased	Wife	

CAUSES OF DEATH

Primary	Cancer of Stomach	How long	40	How long	40
Immediate	Exhaustion	How long		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Stonebrink		
		Address	Barnesville Md		
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

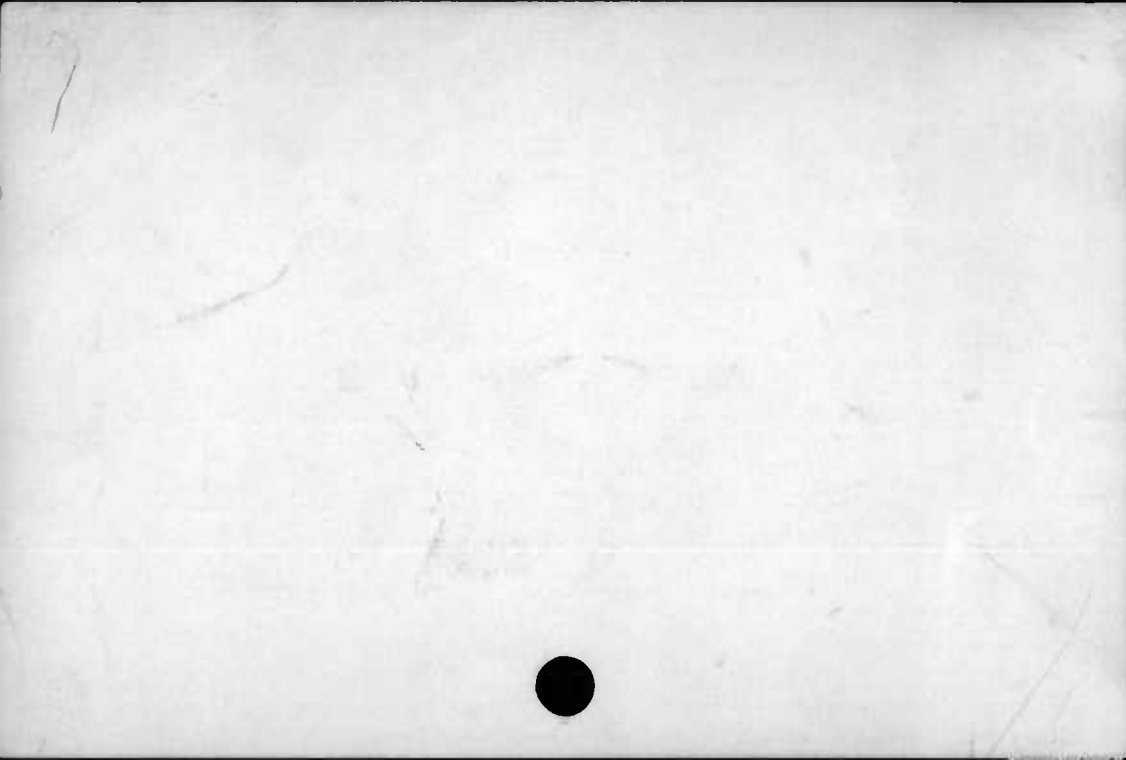
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Chazy Chase</i> ^{Town} <i>Montgoy</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>16</i>	Age <i>78</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maine</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Geo W. Thompson</i>		
Father's Name <i>Anselm Carey</i>	Father's Birthplace <i>Me</i>		
Mother's Maiden Name <i>Rhoda Westbrook</i>	Mother's Birthplace <i>Me</i>		
Name of person giving information <i>Dr Mary H. Thompson</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>20</i>	How long <i>several yrs</i>
Immediate <i>Valvular Dis of Heart</i>	How long <i>20</i>	How long <i>some time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis</i>	
<i>J</i>	Address <i>Knoxington</i>	
	<i>Me</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1907		January	6	1907	6		
Sex	Female	Color or Race	Colored	Birth-place	Martinsburg		
Occupation	Housekeeper			Where Residing if not at place of death	Thos H Chiswell Co		
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Amelia Thompson			
Father's Name	Robert Peters				Father's Birthplace	Montgomery Co	
Mother's Maiden Name	Martha Warren				Mother's Birthplace	" "	
Name of person giving information	Hiram A Hood				How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	2 yrs.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. H. H. Stonestreet
		Address	Barnesville Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Aleene Turner*

Town *near Rockville* County *Montgomery* MARYLAND

Died at *near Rockville*

Date of death **1907** Month *1* Day *18* Age *3* Years *11* Months *13* Days

Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death *X*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Rooks Turner* Father's Birthplace *N. Carolina*

Mother's Maiden Name *Aquilla Hedgwick* Mother's Birthplace *Maryland*

Name of person giving information *Aquilla Hedgwick* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *Three months*

Immediate *Exhaustion* How long *Two days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Edward Anderson M.D.*

Address *Rockville, Md.*

Accident or Suicide? *No*



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

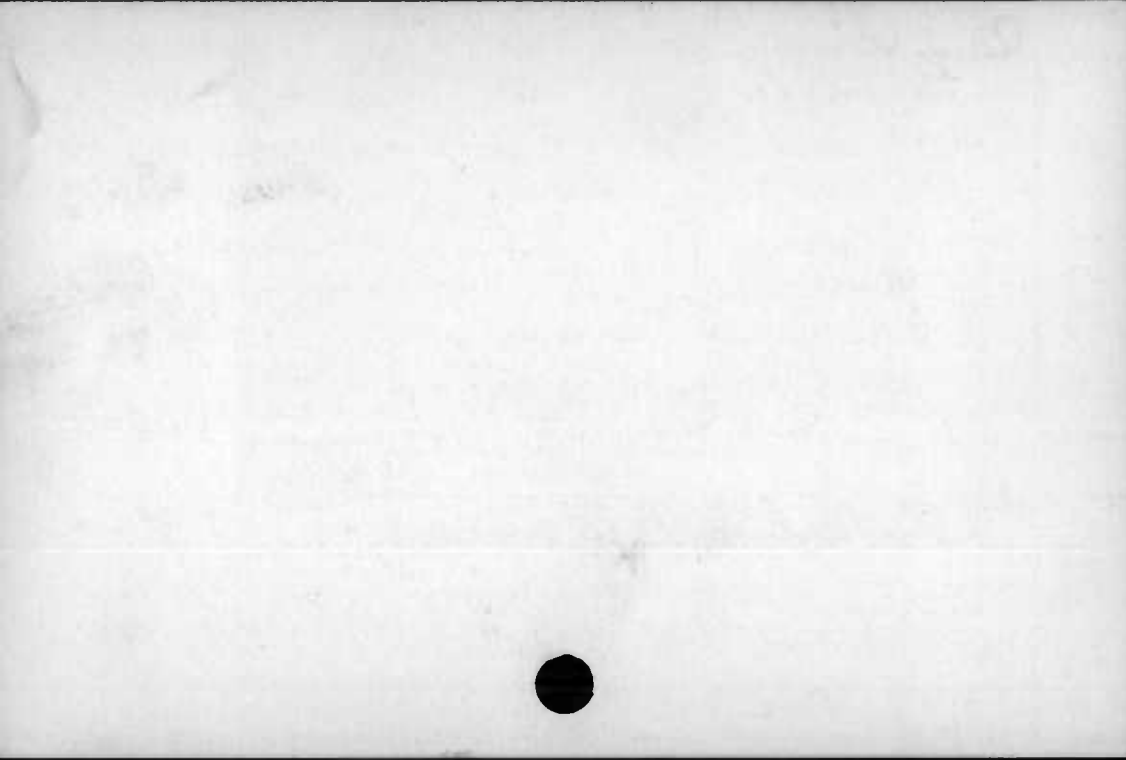
MARYLAND

Name *Martha Warfield*
Died at *near Rockville* ^{Town} *Montgomery* ^{County}
Date of death *1907* Month *1* Day *31* Years *16* Months *—* Days *—*
Sex *Female* Color or Race *Caucasian* Birth-place *Ind*
Occupation *School girl* Where Residing if not at place of death *—*
Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *Andrew W Warfield* Father's Birthplace *Ind*
Mother's Maiden Name *Dorsey* Mother's Birthplace *Ind*
Name of person giving information *—* Reported to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *1 yr*
Immediate *Exhaustion* How long *—*
Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *J. M. [unclear]*
Address *Rockville Ind*
Accident or Suicide? *—*



Name
in
Full

Mrs. Susan Robert Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Germantown^{County} Montgomery

Date of death 1907 Jan.

Day 20

Age 72

Months 2

Days 23

Sex Female

Color or Race

White

Birth-place

Occupation

Housewife.

Where Residing if not at place of death

Married, Single or Widowed

Widow.

Name of Wife or Husband

Francis Marion Waters.

Father's Name

Edward Williams.

Father's Birthplace

Unknown

Mother's Maiden Name

Elizabeth Shaw.

Mother's Birthplace

Unknown

Name of person giving information

Mrs. Mary E. Burns.

How related to deceased

Daughter.

CAUSES OF DEATH

Primary

Intestinal Cancer

How long

5 yrs

Immediate

—

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

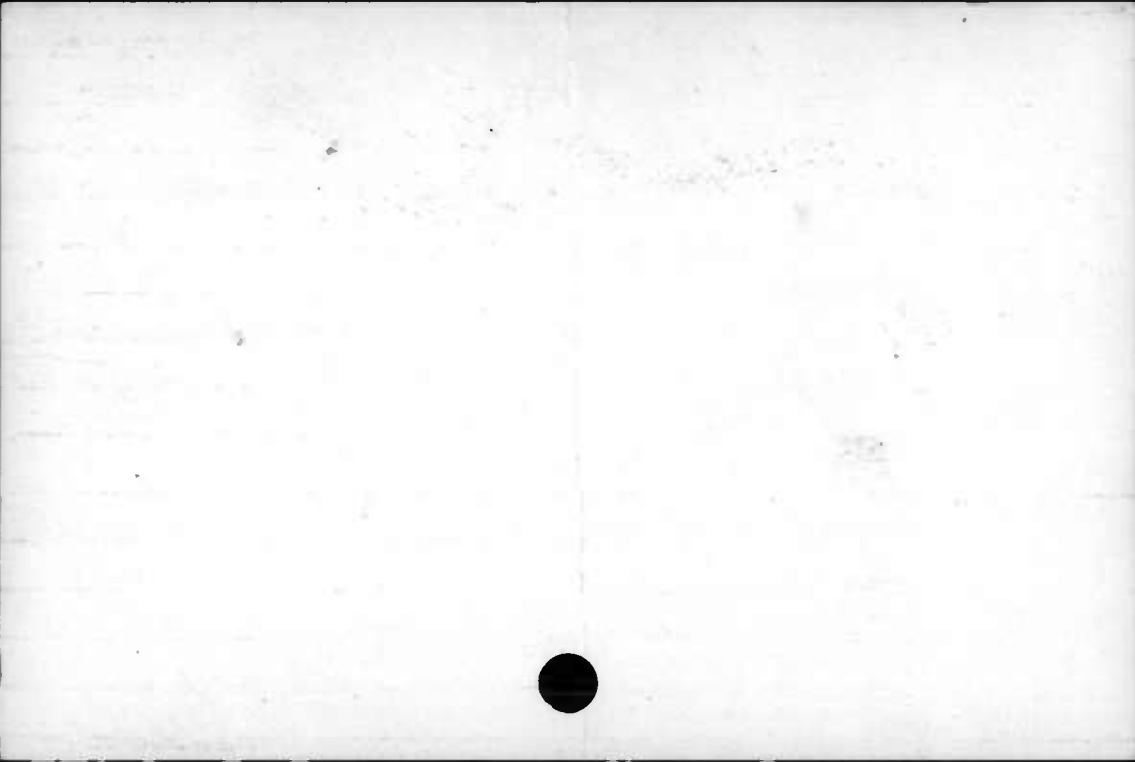
J. N. Simpers

Address

Germantown Md

Accident or Suicide?

—



Name
in
Full

Babb Walter Theatley

CERTIFICATE OF DEATH

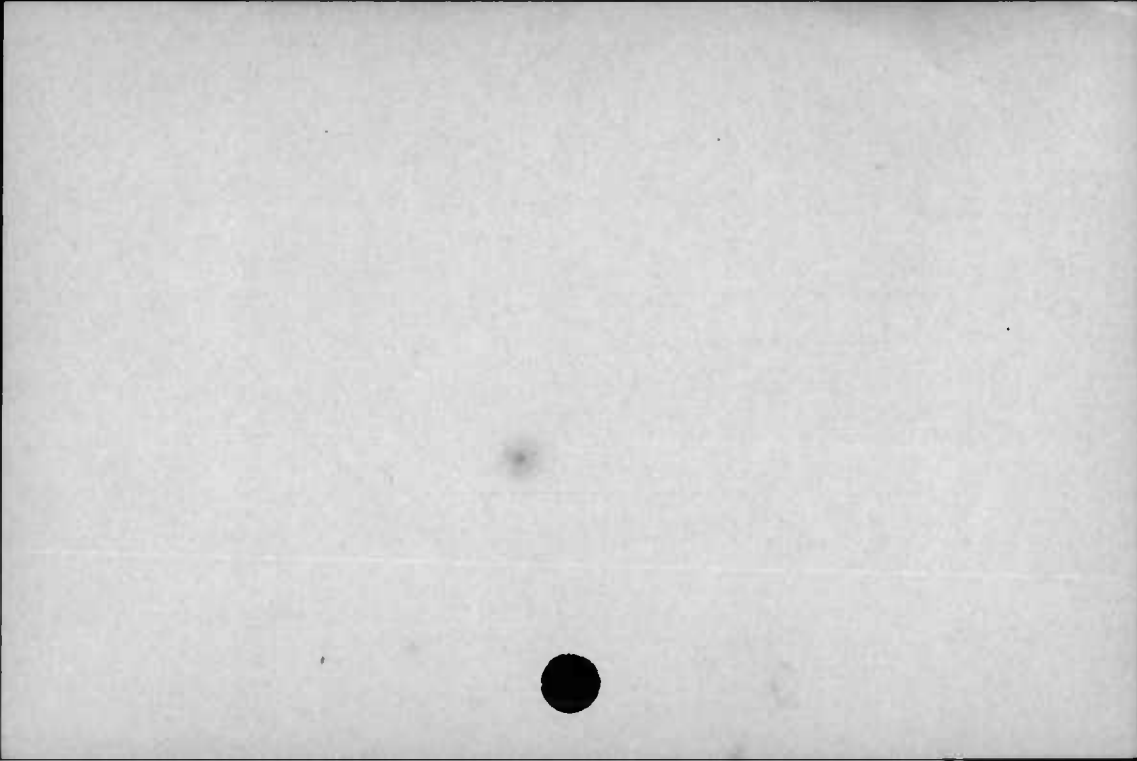
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Olney		County Montgomery		MARYLAND	
Date of death	1907	Month Jan	Day 13	Age 6	Years 6	Months 6	Days —
Sex	Male		Color or Race	Colored		Birth- place	Montg. Co., Md.
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	Single		Name of Wife or Husband —				
Father's Name	Scott Theatley				Father's Birthplace	Washington, D.C.	
Mother's Maiden Name	Alice Robinson				Mother's Birthplace	Montg. Co., Md.	
Name of person giving In formation	Scott Theatley				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia, Tuberculosis		How long	about two months
Immediate	Asthma		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	Chas. Farquhar
			Address	Olney, Md.
Accident or Suicide?	No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Celachukung</i>		Town <i>Montg.</i>		County		MARYLAND	
Date of death	1907	Month <i>Jan</i>	Day <i>21</i>	Age	<i>43</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Montg. Co Md.</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			<i>Julia Griffith</i>			
Father's Name	<i>Richard L. White</i>			Father's Birthplace <i>Montg. Co Md.</i>			
Mother's Maiden Name	<i>Mary Waters</i>			Mother's Birthplace <i>" "</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 wk</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. V. Wee</i>
		Address	<i>Celachukung Md.</i>
Accident or Suicide?			

